

CLAIMS ONLY							Application Number <i>10/16/6980</i>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	/						51			
2		/					52			
3		/					53			
4							54			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	<i>4</i>						Total Indep			
Total Depend	<i>6</i>						Total Depend			
Total Claims	<i>10</i>						Total Claims			